

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1692

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Howard		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN RURAL - Ellicott City		LENGTH OF STAY (In this place) 27 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RURAL - Ellicott City			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairfield Farm		STREET ADDRESS Fairfield Farm					
3. NAME OF DECEASED (Type or Print)	(First) George E. S. Bayless	(Middle)	(Last)	4. DATE OF DEATH	(Month) February	(Day) 10	(Year) 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 23, 1891	9. AGE last birthday 59	If under 1 year yrs.	If under 24 hrs. Months	If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer owner		10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Harford Co., Md.	12. CITIZEN OF WHAT COUNTRY? U. S.			
13. FATHER'S NAME William H. Bayless		14. MOTHER'S MAIDEN NAME Annie Silver	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Geo. E. S. Bayless, Jr. Fairfield Farm Md.
Howard Co.							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4201 Immediate cause (a) <u>Coronary Occlusion</u> 95b Antecedent cause(s) (b) <u>Arterio. sclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>At partens in, Rheumatic Heart -</u> 10 min. 5 years.							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>Feb. 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>51</u> , and that death occurred at <u>9 AM</u> m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <u>Wm. Bayless Jr. - M. d.</u> 20 E. Preston St., Baltimore, Md. 2 - 12 - 51							
23. BURIAL, CREMATION REMOVAL (Specify) cremation		DATE THEREOF 2 - 12 - 51		NAME OF CEMETERY OR CREMATORIAL Loudon Park		LOCATION (City, town, or county) Baltimore, Md. (State)	
DATE REC'D BY LOCAL REG. REG. 4/2/51		REGISTRAR'S SIGNATURE <u>Hedrick</u>		24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eutaw Place		ADDRESS Baltimore, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1693

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH COUNTY <i>Hanover</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Savage</i>		LENGTH OF STAY (in this place) <i>40 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS <i>Savage</i> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Carrie A.</i>		4. DATE OF DEATH <i>Oct. 23, 1868</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>October 23, 1868</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
13. FATHER'S NAME <i>Julia Stickley</i>		11. BIRTHPLACE (State or foreign country) <i>Rachford, Virginia</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>123-45-6789</i>	
17. INFORMANT AND ADDRESS <i>Mrs. H. Evelyn Prager, Savage, Md.</i>		14. MOTHER'S MAIDEN NAME <i>Harrietta Scroggins</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>Myocardial Insuff -</i>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Rheumatoid Arthritis -</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE <i>None</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan. 4th, 1949</i> , to <i>Feb. 19, 1951</i> , that I last saw the deceased alive on <i>Feb. 19th, 1951</i> , and that death occurred at <i>6 P.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Mark Shigley, M.D.</i>		ADDRESS <i>Savage, Md.</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>2/21/51</i>	
NAME OF CEMETERY OR CREMATORIUM <i>Savage Cemetery</i>		LOCATION (City, town, or county) (State) <i>Savage, Maryland</i>	
DATE REC'D. BY LOCAL REG. <i>2/21/51</i>		24. FUNERAL DIRECTOR ADDRESS <i>Mark Shigley, Savage, Maryland</i>	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

1. PLACE OF DEATH COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Ellicott City</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Ellicott City (Rural)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Millers Haven on Montgomery Rd.</i>		STREET ADDRESS <i>Wellesley, Mount Rd.</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>William</i>	(Middle) <i>Louis</i>	(Last) <i>Breitling</i>
4. DATE OF DEATH <i>Feb 12</i>	(Month) <i>Feb</i>	(Day) <i>12</i>	(Year) <i>1971</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>in widow</i>	8. DATE OF BIRTH <i>Sept 25, 1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>fireman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>fire shipper</i>	11. BIRTHPLACE (State or foreign country) <i>Philadelphia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John W. Breitling</i>	14. MOTHER'S MAIDEN NAME <i>Helen Hiller</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>182-08-1971</i>			
17. INFORMANT AND ADDRESS <i>Mr. & Mrs. Breitling, Ellicott City</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.2 <i>131b</i>	Immediate cause <i>Myocardial infarction</i>	(a) <i>Spontaneous</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Chronic hypertension</i>			
(b) <i>Stating the underlying cause last</i>	<i>5 years</i>		
(c) <i>Myocardial infarction</i>	<i>General arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>DATE SIGNED</i>	
22. I hereby certify that I attended the deceased from <i>June 1949</i> to <i>Feb 12, 1971</i> , that I last saw the deceased alive on <i>Feb 11, 1971</i> , and that death occurred at <i>7:35</i> m., from the causes and on the date stated above. SIGNATURE <i>D. O. Brundage</i> ADDRESS <i>3609 Main St Elbridge</i> DATE SIGNED <i>2/12/71</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>2-17-1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>NORTH CEDAR HILL</i>	LOCATION (City, town, or county) <i>PHILADELPHIA, Pa. 19137</i>
DATE REC'D BY LOCAL REG. <i>2-13-51</i>	REGISTRAR'S SIGNATURE <i>John B. Longman, R.E.I.</i>	24. FUNERAL DIRECTOR <i>F. C. Higgins Bottom</i>	ADDRESS <i>ELLIOTT CITY, Md.</i>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1695

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH COUNTY Howard			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Colesville			LENGTH OF STAY (in this place) life		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville, near Laurel		
3. NAME OF DECEASED (Type or Print) William			STREET ADDRESS Laurel, R. F. D.		
4. SEX Male	5. COLOR OR RACE Colored	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	7. DATE OF BIRTH Abt. 1860	8. AGE last birthday abt. 90 yrs.	9. DATE (Month) Feb. 2 (Day) 1951 (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer on State Road			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Howard Co., Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Benjamin Cooper			14. MOTHER'S MAIDEN NAME Sofie Snell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS Carrie Tibbs, Laurel RFD, Md.			18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

1 day

Antecedent cause(s) (b) Hypertensive Cardio Vascular

10 yrs.

Disease or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c) Generalized Arteriosclerosis

20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death. Senility

20. AUTOPSY?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE
(Specify)PLACE (Home, farm, factory, street,
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

INJURY

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/30, 1948, to 2/2, 1951, that I last saw the deceased

alive on 12/29, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL
(Specify)

burial

DATE RECD BY LOCAL

REG 2/5/51

DATE THEREOF

Feb. 5, 1951

Shello Burial Ground

NAME OF CEMETERY OR CREMATORIUM

Shello Burial Ground

LOCATION (City, town, or county)

Colesville, nr. Laurel, Md.

(State)

Laurel, Maryland

REGISTRAR'S SIGNATURE

Frank - . Shipely

24. FUNERAL DIRECTOR

Ridgley Selly 401 Wash. St.

ADDRESS

970246 Laurel Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1606

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY		Howard		MARYLAND		2. USUAL RESIDENCE (HOME OF DECEASED) STATE		Maryland		COUNTY		Howard					
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Hanover		(If rural give location)		Hanover, Md					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Hanover Rd		STREET ADDRESS		STREET ADDRESS		Hanover Rd		STREET ADDRESS		Hanover Rd					
3. NAME OF DECEASED (Type or Print)		(First) TERESA		(Middle) MARY		(Last) Di Legge		4. DATE OF DEATH		(Month) Feb.		(Day) 21		(Year) 1951			
5. SEX		F		6. COLOR OR RACE		W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		marr 28 NOV 1903		8. DATE OF BIRTH		9. AGE last birthday yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Housewife		10b. KIND OF BUSINESS OR INDUSTRY		—		11. BIRTHPLACE (State or foreign country)		Liverpool, England		12. CITIZEN OF WHAT COUNTRY		AMERICAN			
13. FATHER'S NAME		Louda C.		14. MOTHER'S MAIDEN NAME		Teresa		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. MEDICAL CERTIFICATION			
no		—		216-30-5922		Louda c. Di Legge		—		—		—		myocardial Infarction, coronary Septic Infestation of lungs Rachitis mellitus?			
260x		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Immediate cause		(a) 420.1		Antecedent cause(s)		(b) qta		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) II			
260x		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		—		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH		36 hrs.			
260x		21. ACCIDENT SUICIDE HOMICIDE		(Specify) No		PLACE (Home, farm, factory, street, OF office bldg., etc.)		TIME (Month) (Day) (Year) (Hour)		INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
260x		INJURY		INJURY OCCURRED While at Work		Not While At work		ADDRESS		HOW DID INJURY OCCUR?		—		20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
260x		22. I hereby certify that I attended the deceased from 19 Feb 1951, to 21 Feb 1951, that I last saw the deceased alive on 19 Feb 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.		SIGNATURE George E. Gleason M.D.		(Degree or title) ADDRESS Elmhurst, Md		DATE SIGNED 21 Feb 51									
260x		23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE 2/24/51		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) St. Augustines Cemetery Elmhurst, Maryland		(State)									
260x		DATE REC'D BY LOCAL REG. 2/23/51		REGISTRAR'S SIGNATURE a. W. Wedderburn		24. FUNERAL DIRECTOR ADDRESS Mr. Cole, Inc., 1217-68. Paul St											

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1697

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Dorsey</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dorsey</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William</u>		4. DATE OF DEATH <u>Feb. 11/51</u> (Month) <u>11</u> (Day) <u>19</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 6, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done in most recent job) <u>Retired Sheet Metal Worker, B. & O.R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
13. FATHER'S NAME <u>William Englehart</u>		14. MOTHER'S MAIDEN NAME <u>Frances Harman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mrs. Lillian A. Englehart, Dorsey, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Hypertensive Cardio-Vascular Dis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>			
Antecedent cause(s) (b) <u>Generalized arterio-sclerosis -</u> ? Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 15/51</u> to <u>Feb. 11/51</u> , that I last saw the deceased alive on <u>Feb. 11/51</u> , and that death occurred at <u>9:30 a.m.</u> from the causes and on the date stated above. SIGNATURE <u>Mark Shiley, M.D.</u> ADDRESS <u>Savage, Md.</u> DATE SIGNED <u>3/13/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 14/51</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Meadowridge Memorial Park, Dorsey, Md.</u> (State)	
DATE REC'D BY LOCAL REG. <u>2/13/51</u>		REG. <u>126</u> REGISTRAR'S SIGNATURE <u>Hedieh Harry Hunt</u> ADDRESS <u>4101 Edmondson Ave.</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>591506</u>	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1698
Reg. Dist. No.

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		5 yrs.		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) <i>Willie</i>	(Middle) <i>Irene</i>	(Last) <i>Gardner</i>	4. DATE OF DEATH <i>February 18</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Aug 22 1878</i>	9. AGE last birthday <i>72</i>	If under 1 year Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Pa. Co., Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Markin Doubleday</i>		14. MOTHER'S MAIDEN NAME <i>Isabell Wesley</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT AND ADDRESS <i>Mrs. B. L. Gardner, Jessup, Md.</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause <i>350x</i>	(a) <i>Paralysis Agitans (Parkinson's Disease)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>12 yrs.</i>	
Antecedent cause(s) <i>87c</i>	(b) <i> </i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i> </i>	(c) <i> </i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i> </i>			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE <i>None</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <i> </i>	(CITY OR TOWN) <i> </i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i> </i>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	(COUNTY) <i> </i>
		(STATE) <i> </i>

22. I hereby certify that I attended the deceased from <i>Jan.</i> , 19 <i>39</i> , to <i>Feb. 18</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Feb. 17</i> , 19 <i>51</i> , and that death occurred at <i>4 a.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>Frank Shipler, M.D.</i>	(Degree or title) <i> </i>	ADDRESS <i>Savage, Md.</i>	DATE SIGNED <i>2/18/51</i>

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>2/20/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Meadow Ridge Mem. C. & D.</i>	LOCATION (City, town, or county) <i>Dorsey, Howard Co., Md.</i>
DATE REC'D BY LOCAL REG. <i>2/20/51</i>	REGISTRAR'S SIGNATURE <i>A. W. Fendrich</i>	24. FUNERAL DIRECTOR <i>W. J. Fendrich & Sons, Baltimore</i>	ADDRESS <i> </i>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Storbridge
1610

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Howard Maryland		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
Burlford		4 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Clarey Road		If rural, give location	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
(Rev) Charles		Jackson	
(First) (Middle)		(Last)	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-25-1872	
9. AGE last birthday 78 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME William Jackson		14. MOTHER'S MAIDEN NAME Jeanette White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 108		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Anna M. Carter		18. MEDICAL CERTIFICATION Lobar pneumonia	
19. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
PLACE (Home, farm, factory, street, OF office bldg., etc.)		INTERVAL BETWEEN ONSET AND DEATH	
INJURY			
TIME (Month)	(Day)	(Year)	(Hour)
OF INJURY	m.		
White	Not White		
Work	At work		
23. BURIAL, CREMATION REMOVAL (Specify)		24. FUNERAL DIRECTOR ADDRESS	
DATE THEREOF 2/18/1951		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Baptist Church	
DATE REC'D BY LOCAL REV. 2/15/51		REGISTRAR'S SIGNATURE John. H. Jenkins	
25. BURIAL, CREMATION REMOVAL (Specify)		ADDRESS 1631 Druid Hill Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

Storbridge
1610

2-73-51
009896

1611

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Howard</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Glenwood</u>		LENGTH OF STAY (In this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 97 2 miles south of Route 40		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore</u>	
3. NAME OF DECEASED (First) (Type or Print) <u>Ira Oliver Johnson</u>		4. DATE OF DEATH <u>2-17-51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-4-92</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Huckster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ukoowo) <u>Yes</u>		12. CITIZEN OF WHAT COUNTRY? <u>Howard Co. Md.</u>	
13. FATHER'S NAME <u>James Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Emalie Gratzkin</u>	
15. SOCIAL SECURITY NO. <u>215-14-4335</u>		16. INFORMANT <u>Mrs. Sarah Johnson</u>	
17. MEDICAL CERTIFICATION <u>Fracture of skull at base</u>			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 8235 Immediate cause <u>Fracture of skull at base</u> 170c Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Fracture of skull at base</u> (a) (b) (c)			19. INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
22. DATE OF OPERATION <u>None</u>		23. MAJOR FINDINGS OF OPERATION <u>None</u>	
24. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2 17 51 45 p.m.</u>		25. PLACE (Name, farm, factory, street, OF office bldg., etc.) INJURY street	
26. HOW DID INJURY OCCUR? While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <input checked="" type="checkbox"/>		(CITY OR TOWN) <u>Glenwood</u> (COUNTY) <u>Howard</u> (STATE) <u>Md.</u> <u>Lost control of auto which ran off road into a tree</u>	
27. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . SIGNATURE <u>George E. Burton Jr.</u> (Degree or title) <u>Deputy Medical Examiner for Howard County</u> ADDRESS <u>Ellicott City, Md.</u> DATE SIGNED <u>2-17-51</u>			
28. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		29. DATE THEREOF <u>2-17-51</u>	
30. NAME OF CEMETERY OR CREMATORIAL <u>Ellicott City Cemetery</u>		31. LOCATION (City, town, or county) (State) <u>Ellicott City, Md.</u>	
32. DATE REC'D BY LOCAL REG. <u>2/21/51</u>		33. REGISTRAR'S SIGNATURE <u>R. A. Gedrich</u>	
34. FUNERAL DIRECTOR <u>George J. A. Gibbons Jr.</u>		35. ADDRESS <u>43064 1735 Davis Hill Rd - 17</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

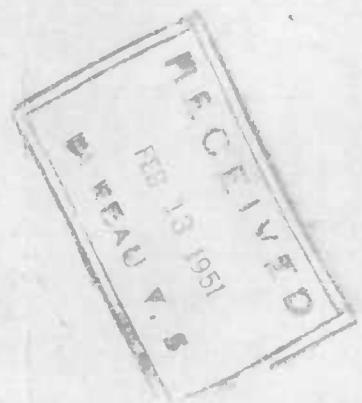
Reg. Dist. No. 191

I. PLACE OF DEATH COUNTY <u>Howard</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Ellicott City</u> Rural				TOWN <u>Ellicott City</u> Rural		TOWN <u>Ellicott City</u> Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Bethany Lane</u>				STREET ADDRESS <u>Bethany</u>		(If rural give location)	
3. NAME OF DECEASED (Type or Print)		(First) <u>Otis</u> (Middle) <u>William</u> (Last) <u>Johnson</u>		4. DATE OF DEATH <u>2-9-51</u>		(Month) <u>2</u> (Day) <u>9</u> (Year) <u>19</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-10-1888</u>	9. AGE last birthday <u>62</u> yrs.	If under Months	I year Days	If under 24 hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Box Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Md</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Henry Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Mary G. Johnson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-14-9861</u>		17. INFORMANT <u>Hattie Johnson, Ellicott City, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause		(a) <u>Coronary Thrombosis</u>			instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <u>Diabetes Mellitus</u>			2 year
		(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					none
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			19c. AUTOPSY?	
none	none			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY m.	WHILE AT work <input type="checkbox"/>	NOT WHILE at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
SIGNATURE <u>George E. Burgtorf M.D.</u>		(Degree or title) Examiner for Howard County		ADDRESS Ellicott City, Md.	DATE SIGNED 2-9-1951
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2-12-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>St. Louis</u>	LOCATION (City, town, or county) <u>Clarksville, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1951</u>		REGISTRAR'S SIGNATURE <u>John B. Loughran Jr.</u>	24. FUNERAL DIRECTOR ADDRESS F.C. Higinbotham, Ellicott City, Md.		
			970457		



MARYLAND STATE DEPARTMENT OF HEALTH

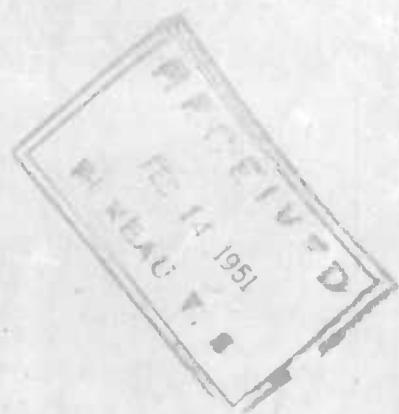
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1613
Reg. Dist. No. 195

VS. A16
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- CITY (If outside corporate limits, write RURAL and OR give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town)	
COUNTY Howard TOWN Seagoville HOSPITAL OR INSTITUTION OR STREET ADDRESS		STATE Maryland CITY Maryland TOWN Seagoville STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print) Wm. Henry		4. DATE OF DEATH (Month) (Day) (Year) Miles Feb. 7 1951	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 12, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) High Ridge Howard Co., Md.
13. FATHER'S NAME Benjamin Franklin Miles		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Harry Miles - Laurel, RFD Md.
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
450.0	Immediate cause (a)	Bronchopneumonia 10d.	
107	Antecedent cause(s) (b)	Generalized arteriosclerosis 10yr.	
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Senility ..	
		Chronic Cystitis 2yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6/29, 1939, to 2/7, 1951, that I last saw the deceased alive on 6/2, 19....., and that death occurred at 4:45 p.m. from the causes and on the date stated above. SIGNATURE J. W. Warren and Laurel and 27/51 ADDRESS DATE SIGNED			
23. BURIAL OR CREMATION REMOVAL (Specify) Burial		DATE Oct. 10, 1951	NAME OF CEMETERY OR CREMATORIALawn LOCATION (City, town, or county) Seagoville, Maryland (State)
DATE REC'D. BY LOCAL REG. 279/51		REGISTRAR'S SIGNATURE Frank Shipley	24. FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1614

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY

Howard

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)LENGTH OF STAY
(in this place)

TOWN

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

ELKHORN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

6201 Wash Blvd.

3. NAME OF
DECEASED
(Type or Print)

Rose Lettrude Owens

(First)

(Middle)

(Last)

4. DATE
OF
DEATH

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

widowed

8. DATE OF BIRTH

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

domestic

10b. KIND OF BUSINESS OR
INDUSTRY

housewife

11. BIRTHPLACE (State or foreign country)

Elkhorn

12. CITIZEN OF WHAT
COUNTRY

U.S.A.

13. FATHER'S NAME

Elijah Bush

14. MOTHER'S MAIDEN NAME

Anna Bowards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of
service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT AND ADDRESS

Joseph Owens, Elkhorn 27 ad

6201 Wash Blvd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause

94a

Antecedent cause(s)

Diseases or conditions, if any,

giving rise to the above cause

stating the underlying cause last

94a

(a)

94a

(b)

94a

(c)

94a

94

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1615

Reg. Dist. No. 193

1. PLACE OF DEATH COUNTY		Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Md. COUNTY Howard	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		STREET ADDRESS	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LISBON Frederick Rd.		LISBON		Frederick Road	
3. NAME OF DECEASED (Type or Print)		(First) JAMES	(Middle) THOMAS	(Last) SIMMONS	4. DATE OF DEATH		(Month) 2 (Day) 19 (Year) 1951
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH	9. AGE last birthday		If under 1 year Months Days Hours Min.
Male		W.	8-19-1870	80 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Teamster			Butcher Business	Maryland		U.S.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
THOMAS Wesley SIMMONS			Rachael Ann Heaps				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. MEDICAL CERTIFICATION	
no		212-22-5902		ROBERT E. SIMMONS		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 452.1	(a) Arteriosclerotic Cardi-Vascular Disease	2 years
Antecedent cause(s) 93d	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
(c)		

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

George E. Burgdorf M.D.

(Degree or title) ADDRESS

Elliott City, Md.

DATE SIGNED

2-19-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	2-22-1951	Worthington Park	Baltimore	Md.
DATE REC'D BY LOCAL REG.	REG. 2-21-51	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		E. Paul Dennis	S. M. Waltz, Linfield, Md.	960636



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1616
190
Reg. Dist. No.

1. PLACE OF DEATH COUNTY Howard			2. USUAL RESIDENCE (HOME) OF DECEASED STATE TENN.		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Middle Patuxent River			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsport		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS 1726 PARK ST.		
3. NAME OF DECEASED (Type or Print)		(First) SYLVIA	(Middle)	(Last) WELLS	4. DATE OF DEATH February 18 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 36 yrs.	9. AGE last birthday If under 1 year Months Days Hours 12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 183		16. SOCIAL SECURITY NO.	17. INFORMANT		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

722.0
Immediate cause (a) Drowning

Antecedent cause(s) 183
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Acute alcoholism

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office, hide, etc.) INJURY River	(CITY OR TOWN) Middle Patuxent River, Howard County, Md.	(COUNTY) Howard County	(STATE) Md.
TIME (Month) (Day) (Year) OF INJURY Found 2/18/51	INJURY OCCURRED While at Nnt while work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Found drowned		

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

William V. Dorsett

700 Fleet St., Balto. 2, Md.

Feb. 19, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Funeral	DATE THEREOF 3/20/51	NAME OF CEMETERY OR CREMATORIAL Kingsport Cemetery	LOCATION (City, town, or county) Kingsport, Tennessee	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE R. W. Frederick	24. FUNERAL DIRECTOR Huff Funeral Home - Kingsport	ADDRESS	

2411 N. Charles St.